

AUTO CR - LOG SUMMARY #1053499

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer, who responded to the subject's home regarding a domestic battery began swinging his arms to prevent from being handcuffed, and tried to gain access to his bedroom to retrieve his weapon(gun).	(None Entered)		
It is reported that the involved officer attempted to tase the subject, but the deployment of the taser was not effective. It is reported that the subject then pushed witness (wife) to the floor at which time, the involved officer used OC Spray to take control of the subject and placed him into custody.			

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	NOWACKI, MICHAEL S	2373		017 /	SERGEANT OF POLICE	M	WHI		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
30-MAR-2012 12:25 - 30-MAR-2012 12:25		1731	017	090 - APARTMENT	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	TOLEDO, PETER H	2105		017 /	POLICE OFFICER	M	S		
NON-CPD	Victim/Subject						M	WWH		
NON-CPD	Witness						F	WWH		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	OTHER
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y

Incident Category List

Incident Category	Primary?	Initial?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N	Y
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	02-MAY-2012 09:31	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	02-MAY-2012 09:31	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	23-APR-2012 02:58	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	23-APR-2012 02:09	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-APR-2012 12:02	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	This Notification was generated by IPRA after recieving the TRR packet of information. Log# was not obtained by the reporting third party on date of incident
PENDING SUPERVISOR REVIEW	23-APR-2012 10:14	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-APR-2012 09:29	TOUSANT, LISA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					TOUSANT, LISA	23-APR-2012 09:29			
	DOCUMENTS - INTAKE INCIDENT		2	TOLEDO PETER H 5411	N	TOUSANT, LISA	23-APR-2012 09:38	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		5		N	TOUSANT, LISA	23-APR-2012 09:37	APPROVED		
	DOCUMENTS - INTAKE INCIDENT				N	TOUSANT, LISA	23-APR-2012 09:32	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 23-APR-2012) - LOG #1053499

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	NOWACKI, MICHAEL S	2373		017 /	SERGEANT OF POLICE	M	WHI		

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Accused Members

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Incident Details

CR Required?		Manner Incident Received?	OTHER
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	N
20C - GROUP 20 - NOTIFICATIONS TASER DISCHARGE	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	23-APR-2012 09:29	TOUSANT, LISA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	02-MAY-2012 09:31	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	02-MAY-2012 09:31	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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Status History

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PENDING SUPERVISOR REVIEW	23-APR-2012 10:14	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	23-APR-2012 09:29	TOUSANT, LISA	INTAKE AIDE	113 /	

**TASER Information**

Serial # X00-565234
Model # X26
X26 Software Version 22
Dataport CD Version 17.9
Record Date Range 03/30/2012 - 03/30/2012
Computer Time Zone Central Standard Time
 *DST
Using Daylight Savings Time Yes

Downloaded By

Name Thomas Libert
Dept Police
Rank Capt
Windows Version Windows XP
Report Generated 03/30/12 01:00:10
 (local)

Recorded Firing Data

Seq	GMT Time	Local Time	Duration	Temp	Battery
0001	Incomplete Time Change Record				
0002	10/25/10 20:21:16	10/25/10 15:21:16	Old Time		
0003	10/25/10 20:21:17	10/25/10 15:21:17	New Time		
0004	10/13/11 05:36:26	10/13/11 00:36:26	Old Time		
0005	10/13/11 05:24:45	10/13/11 00:24:45	New Time		
0006	03/30/12 05:25:23	03/30/12 00:25:23	5	22	93

End of Report.

ARREST REPORTING

RECOVERED
NARCOTICS

NO NARCOTICS RECOVERED

WARRANT

NO WARRANT IDENTIFIED

VICTIM AND COMPLAINANT

Name: [REDACTED]	Female	Injured? No	Deceased? No
Res: [REDACTED]	White Hispanic		
Beat: 1731	DOB: [REDACTED]	Hospitalized? Yes	
	Age: [REDACTED]	Treated and Released? Yes	
Comments:			

VICTIM AND COMPLAINANT

Name: STATE OF ILLINOIS, P.O. Toledo #5411		Injured? No	Deceased? No
Empl: 4650 N Pulaski Rd	Beat: 1722		
Chicago, IL 60630	DOB:	Hospitalized? No	
312-742-4410	Age:	Treated and Released? No	
Comments:			

VICTIM AND COMPLAINANT

Name: CITY OF CHICAGO, P.O. Toledo #5411		Injured? No	Deceased? No
Empl: 4650 N Pulaski Rd	Beat: 1722		
Chicago, IL 60630	DOB:	Hospitalized? No	
312-742-4410	Age:	Treated and Released? No	
Comments:			

ARRESTEE
VEHICLE

NO ARRESTEE VEHICLE INFORMATION ENTERED

ARREST REPORTING

PROPERTIES

Confiscated Properties :

All confiscated properties are recorded in the e-Track System. This system can be queried by the inventory number to retrieve all official court documents related to evidence and/or recovered properties.

PROPERTIES INFORMATION FOR [REDACTED], NOT AVAILABLE IN THE AUTOMATED ARREST SYSTEM.

INCIDENT NARRATIVE

(The facts for probable cause to arrest AND to substantiate the charges include, but are not limited to, the following)

EV [REDACTED] R/O RESPONDED TO A DOMESTIC DIST. AT LISTED ADDRESS. VICTIM (WIFE) STATED TO R/O THAT OFFENDER (HUSBAND) TOOK HER PASSPORT AND HID IT. OFFENDER AGREED TO LEAVE THE APARTMENT AFTER HE GATHERED SOME BELONGINGS. AS R/O FOLLOWED OFFENDER TO HIS ROOM VICTIM SHOUTED "I WANT HIM ARRESTED HE HAS A GUN IN THAT ROOM" OFFENDER IMMEDIATELY BECAME IRRATE AND GRABBED VICTIM BY THE ARMS AND BEGAN TO SHAKE HER. R/O ATTEMPTED TO RESTRAIN OFFENDER AS HE BEGAN TO FLAIL HIS ARMS TO PREVENT R/O FROM HANDCUFFING HIM AND CONTINUED TO TRY TO GAIN ACCESS TO HIS BEDROOM. R/O ATTEMPTED TO TASE THE OFFENDER BUT THE TASER WAS NOT EFFECTIVE. OFFENDER THEN PUSHED THE VICTIM TO THE FLOOR. R/O THEN USED OC SPRAY TO BRING OFFENDER UNDER CONTROL AND COMPLETED HANDCUFFING. R/O RECOVERED (1) DAVIS INDUSTRIES P380 SEMI-AUTO PISTOL W/NICKEL FINISH, 3" BARREL SERIAL [REDACTED] (INVENTORY # [REDACTED] FROM A TOP DRESSER DRAW POINTED OUT BY THE VICTIM. OFFENDER PLACED INTO CUSTODY ON SIGNED COMPLAINTS AND TRANSPORTED TO OLR HOSP. FOR MEDICAL CLEARANCE. NO GANG MEMBERSHIP ADMITTED OR REVEALED VIA LBT. TASER CARTRIDGE & PROBES INVENTORIED [REDACTED]. ET ORDERED FOR PICS OF HOME KITCHEN & OFFENDER. GUN CLEAR & UNREGISTERED PER P.O. FOLEY #3711.

COURT INFO

Desired Court Date: 13 April 2012
Branch: 61-5 555 W HARRISON ST - Room
Court Sgt Handle? Yes
Initial Court Date: 30 March 2012
Branch: 64-2 555 W HARRISON ST - Room
Docket #:

BOND INFO

BOND INFORMATION NOT AVAILABLE

REPORTING PERSONNEL

ATTESTING OFFICER:

I hereby declare and affirm, under penalty of perjury, that the facts stated herein are accurate to the best of my knowledge, information and/or belief.

Attesting Officer: #5411 TOLEDO, P H [REDACTED] 30 MAR 2012 04 29

ARRESTING OFFICER(S):

1st Arresting Officer: #5411 TOLEDO, P H [REDACTED] Beat 1753

APPROVING SUPERVISOR:

Approval of Probable Cause : #1283 PASQUINELLI, C A [REDACTED] 30 MAR 2012 04 30

ARREST PROCESSING REPORT

Holding Facility: District 016 Lockup
Received in Lockup: 30 March 2012 05 16
Prints Taken: 30 March 2012 05 21
Palprints Taken: Yes
Photograph Taken: 30 March 2012 05 20
Released from Lockup: 30 March 2012 08 00

Time Last Fed:
Time Called: Phone#:
Cell #: 8 - Placed in one person cell
Transport Details : 2PO 1712R 30-MAR-2012 00 40

VISUAL CHECK OF ARRESTEE

ARRESTEE QUESTIONNAIRE

Is there obvious pain or injury? No
Is there obvious signs of infection? No
Under the influence of alcohol/drugs? No
Signs of alcohol/drug withdrawal? No
Appears to be despondent? No
Appears to be irrational? No
Carrying medication? No

Presently taking medication? No
(if female)are you pregnant?
First time ever been arrested? No
Attempted suicide/serious harm? No
Serious medical or mental problems? No
Are you receiving treatment? No

RETURN TO HOLDING FACILITY COMMENTS:

QUESTIONNAIRE REMARKS:

Hospital Prior To Lockup Oc Spray/Tazed

LOCKUP KEEPER COMMENTS:

EMERGENCY CONTACT

Name : REFUSED

Res:

Beat:

INTERVIEW LOG

NO INTERVIEWS LOGGED

VISITOR LOG

NO VISITORS LOGGED

ARREST PROCESSING REPORT

MOVEMENT LOG

MOVEMENT LOG INFORMATION NOT AVAILABLE

WC COMMENTS

Watch Commander Comments:

REL w/o CHARGING

DOES NOT APPLY TO THIS ARREST

PROCESSING PERSONNEL

ARRESTEE PROCESSING PERSONNEL:

			Beat
Searched By:		PADILLA, J A [REDACTED]	
Lockup Keeper:	#4785	HERNANDEZ, J C [REDACTED]	
Assisting Arresting Officer:	#12270	LUGO, B M [REDACTED]	1712R
Assisting Arresting Officer:	#18343	SHEPHERD, C M [REDACTED]	1752
Assisting Arresting Officer:	#4153	CHO, S H [REDACTED]	1712R
Assisting Arresting Officer:	#9661	MARLO, D T [REDACTED]	1751
Fingerprint Technican:	#10587	CAMPBELL, A M [REDACTED]	5832
Fingerprinted By:		PADILLA, J A [REDACTED]	

APPROVAL PERSONNEL:

			Beat
Final Approval of Charges :	#2089	OZOG, J C [REDACTED]	30 MAR 2012 06 53

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 30-MAR-2012		TIME 00:25:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 090		4 BEAT/OCCUR 1731												
	5 POSITION 9161		6 LAST NAME TOLEDO		7 FIRST NAME PETER H		8 STAR NO 5411		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE S		11 AGE 0		12 HT 502		13 WT 135						
	14 DATE OF APPT 05-DEC-2005		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 017 1753		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
SUBJECT INFORMATION	20 LAST NAME [REDACTED]		21 FIRST NAME [REDACTED]		22 M I [REDACTED]		23 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE WWH		25 D O B [REDACTED]		26 HT 511		27 WT 217								
	28 ADDRESS [REDACTED]		29 TELEPHONE NO [REDACTED]		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No												
	33 WHERE WAS MEDICAL TREATMENT OBTAINED? [REDACTED]				34 BY WHOM? [REDACTED]		35 CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input checked="" type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid																
36 CHARGES PLACED 430 ILCS 65.0/2-A-2, 720 ILCS 5.0/31-1-A, 430 ILCS 65.0/2-A-1, 8-20-110(A), 720 I																		37 CB NO [REDACTED]		IR NO [REDACTED]		DNA <input type="checkbox"/>	
REASON FOR USE OF FORCE (Check all that apply)	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE														
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		FLED <input type="checkbox"/> PULLED AWAY <input checked="" type="checkbox"/> OTHER <u>FLAILED ARMS</u>		IMMINENT THREAT OF BATTERY <input type="checkbox"/> OTHER _____		ATTACK WITH WEAPON <input type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____														
MEMBER'S RESPONSE	MEMBER PRESENCE <input type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/> OC CHEMICAL WEAPON <input checked="" type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input checked="" type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>		FIREARM <input type="checkbox"/> OTHER _____														
	39 * OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]																						
WEAPON DISCHARGE INCIDENT	40 ADDITIONAL INFORMATION [REDACTED]																						
	POSITION [REDACTED]		STAR NO [REDACTED]		UNIT [REDACTED]																		
	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input checked="" type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		44 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER <input type="checkbox"/>		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS														
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE																
	49 TASER DART ID NO		50 WEAPON SERIAL No (Include Letters)		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO														
54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 3		58 TOTAL NO OF SHOTS MEMBER FIRED															
59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)																	
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD																					
65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																							
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																					
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																					
CASE INFO.	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input type="checkbox"/> OP COMMAND <input type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																						
SIGNATURES	73 REPORTING MEMBER (Print Name) TOLEDO, PETER H				STAR/EMPLOYEE NO 5411				SIGNATURE [REDACTED]														
	30-MAR-2012 03:08:35																						
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																							
74 REVIEWING SUPERVISOR (Print Name) NOWACKI, MICHAEL S				STAR NO 2373				SIGNATURE [REDACTED]				DATE REVIEWED 30-MAR-2012 03:09:38				TIME							

39 <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS			
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE			
	49 TASER DART ID NO C310102DC		50 WEAPON SERIAL No (Include Letters) X00-565234		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO	
	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 3		58 TOTAL NO OF SHOTS MEMBER FIRED	
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70 EVENT NO [REDACTED]	
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT							
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								

39 <input type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT	41 WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 04 SEMI-AUTO PISTOL <input checked="" type="checkbox"/> 05 CHEMICAL WEAPON <input checked="" type="checkbox"/> 06 TASER <input type="checkbox"/> 07 OTHER		42 INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors <input type="checkbox"/> Outdoors		43 LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input checked="" type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial		44 WEATHER CONDITIONS			
	45 MAKE/MANUFACTURER		46 MODEL		47 BARREL LENGTH		48 CALIBER/GAUGE			
	49 TASER DART ID NO C310102DC		50 WEAPON SERIAL No (Include Letters) X00-565234		51 CHICAGO GUN REG NO		52 IL FIREARM OWNER ID NO		53 HANDGUN CERTIFICATE NO	
	54 SPECIAL WEAPON CERTIFICATE NO		55 PROPERTY INVENTORY NO		56 TYPE OF AMMUNITION USED		57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 3		58 TOTAL NO OF SHOTS MEMBER FIRED	
	59 WHO FIRED FIRST SHOT <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)		60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED		62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT SIDE (WAIST) <input type="checkbox"/> 02 LT SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)		70 EVENT NO [REDACTED]	
	63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW <input type="checkbox"/> 03 OTHER (Specify)		64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65 DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
	66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT							
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN		69 POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)								

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Prisoner transported at time of report

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

Officer effecting lawful and proper arrest for domestic battery when offender becomes an active resistor failing to comply with all commands Forms of compliance attempted by Officer with limited effect Resistance continues, more forms of compliance used by Officer who is ultimately able to subdue the violently resisting offender All of the actions of the Officer are in compliance with department order and the use of force

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

KARNICK, THOMAS E

SIGNATURE

DATE COMPLETED

TIME

30-MAR-2012 05:10:23

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ SUPPLEMENTARY REPORT

☐ I O D REPORT

80 TOTAL TRR's THIS EVENT No

☐ CASE REPORT

☐ OFFICER BATTERY REPORT

☐ CR INITIATION REPORT

1

☐ ARREST REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)